

IMMUNISATION AND DISEASE PREVENTION POLICY

To be read in conjunction with Infectious Diseases Policy (CHI-ADM-POL-035)

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1 NQS

QA2	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
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2 National Regulations

Regs	77	Health, hygiene and safe food practices
	88	Infectious diseases
	90	Medical conditions policy
	162	Health information to be kept in enrolment record

3 Aim

We aim to promote the health and wellbeing of the children, families and educators in our services. We recognise that immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

4 Related Policies and documents

Enrolment and Booking Policy (CHI-ADM-POL-022)

Nutrition, Food Safety & Allergen Management Policy (CHI-ADM-POL-027)

Health, Hygiene and Cleaning Policy (CHI-ADM-POL-030)

Incident, Injury, Trauma and Illness Policy (CHI-ADM-POL-034)

Infectious Diseases Policy (CHI-ADM-POL-035)

Medical Conditions Policy (CHI-ADM-POL-038)

UOW Pulse Ltd Privacy Policy (PUL-BUS-POL-013)

UOW Pulse Immunisation Guidelines

5 Who is affected by this Policy?

Children, Families, Educators, Management, Visitors, Volunteers.

The Kids' Uni Policies and Procedures apply to Kids' Uni North, Kids' Uni South, Kids' Uni CBD, Kids' Uni iC.

6 Immunisation Records for children

6.1 It is a Federal Government requirement that children must be fully immunised, or on an approved vaccination catch-up program, or have a medical reason not to be vaccinated to be eligible to enrol in an early childhood service. Parent/guardians must provide a copy of one or more of the following documents to enrol in our services:

- an [AIR Immunisation History Statement](#) which shows that the child is up to date with their scheduled vaccinations or
- an [AIR Immunisation History Form](#) on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- an [AIR Immunisation Medical Exemption Form](#) which has been certified by a GP.

No other form of documentation is acceptable (i.e. the Interim Vaccination Objection Form or Blue Book). The documents must be stored by the Director in a secure location for 3 years, unless a child transfers to another early childhood service.

Parents who do not fully immunise their children up to 19 years of age will no longer be eligible for family assistance payments (Child Care Subsidy and Family Tax Benefit) with exceptions for children with medical contraindications or those on a recognised catch-up schedule.

6.3 Parent/guardians can access a copy of their child's immunisation details at any time by:

- using their Medicare online account through [MyGov](#)
- using the [Medicare Express Plus App](#)
- calling the AIR General Enquiries Line on 1800 653 809.

6.4 Parents/guardians must provide the Service with an updated copy of their child's immunisation record when the child receives a vaccine in line with the National or State immunisation schedule. We will regularly remind parents to do this via newsletters, emails or letters.

7 Immunisation Register

7.1 Each of our early childhood services will keep an Immunisation Register, which records the immunisation status of each child enrolled at each Service.

7.2 If requested, the service will provide a copy of the record and certificates kept for a child in the Immunisation Register to:

- ◆ The parent/guardian of the child so they can enrol the child at another education and care service or
- ◆ The Approved provider or Nominated Supervisor of another Service at which the child may enrol, with parent/guardian consent

8 Catering for Children with Overseas Immunisation Records

8.1 Overseas immunisation records must not be accepted by child care centres. The overseas immunisation records need to be assessed by an Australian immunisation provider who will transfer the information to the Australian Immunisation Register (AIR). Parents can then request an AIR Immunisation History Statement.

9 Immunisation Related Payments for Parent/guardians – Child Care Subsidy

11.1 The benefit applies to children who are fully immunised or have an approved exemption from immunisation (see below). This initiative ensures parent/guardians are reminded of the importance of immunising their children at each of the milestones.

11.2 For parent/guardians to receive CCS without their child being fully immunised their GP or immunisation provider needs to certify that their child:

- i. Is on a recognised catch-up immunisation schedule or
- iii. Has an approved exemption from the immunisation requirements. Approved exemptions include medical reason.

- 11.3 Parent/guardians are responsible for payment of fees while their child is excluded under all circumstances.
- 11.4 Further information regarding Child Care Subsidy and Immunisation is available at the following link:

<https://www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy/who-can-get-it/immunisation-requirements>

10 Encouraging immunisation

- 10.1 Kids' Uni will encourage parent/guardians to immunise their children by:
- Displaying wall charts about immunisation in classrooms
 - Sharing information about immunisation via our online communication platforms e.g. Hubworks and Kinderloop

11 Exclusion of children who are not fully immunised

- 11.1 Under the NSW Public Health Act 2010 child care centres must notify the following 9 vaccine preventable diseases to the local Public Health Unit on **1300 066 055**:
- Diphtheria
 - Haemophilus influenzae type b (Hib)
 - Measles
 - Meningococcal C
 - Mumps
 - Pertussis (whooping cough)
 - Poliomyelitis
 - Rubella
 - Tetanus.

The Public Health Unit may need to review the service's immunisation register to determine which children are at risk from the outbreak.

Following assessment of the situation, the public health officer may instruct the director to exclude certain children for a period or provide advice regarding preventive measures.

12 Managing symptoms after vaccination

Vaccinations can cause several common side effects in the hours and days after vaccination, which we may observe within our services. Symptoms are usually mild and do not last long. Treatment is not usually needed.

Vaccine injections can cause soreness, redness, itching and swelling at the injection site for 1-2 days. Sometimes a small hard lump may persist for weeks or months. This should not cause concerns and does not need treatment.

If a child develops a fever after vaccination, they will need to be excluded from the service in line with the Children who are ill policy.

13 Immunisation Requirements for Staff

- 13.1 The National Health and Medical Research Council (NHMRC) recommends that all educators and other staff should be vaccinated according to the recommendations in the Australian Immunisation Handbook.

Specific vaccines outlined in the handbook for staff working with children include:

- Hepatitis A
- Measles, Mumps and Rubella (MMR) (if non-immune)
- Pertussis (whooping cough) using dTpa vaccine
- Varicella (if non-immune)
- Annual influenza vaccination
- Hepatitis B is recommend for adults working with children with developmental disabilities.
- COVID-19

- 13.2 In line with these recommendations, UOW Pulse requires all new and current staff to provide a copy of their Immunisation History Statement, and updated copies as required.

If any educators or other staff are not vaccinated according to the National Immunisation Schedule, they increase the risk to children, especially infants, may be infected with a vaccine-preventable disease.

If educators or other staff refuse reasonable requests for vaccination, there may be consequences for their employment as per the recommendations by The National Health and Medical Research Council (NHMRC). These include:

- Being restricted to only working with children over 12 months old
- Having to take antibiotics during outbreaks of specific bacterial diseases that are vaccine preventable, even if the educator is not sick, at the direction of the local public health unit
- Being excluded from work during outbreaks of vaccine-preventable diseases.

14 Current Immunisation Schedule – TO BE DISPLAYED IN THE SERVICE

<https://www.health.nsw.gov.au/immunisation/Publications/nsw-immunisation-schedule.pdf>

NSW Immunisation Schedule

Updated September 2024



Vaccines funded under the National Immunisation Program

Childhood vaccines				
Age	Disease	Vaccine	Information	
Birth	Hepatitis B	H-B-VAX II (IM) OR ENGERIX B (IM)	Within 7 days of birth (ideally within 24 hours)	
6 weeks	Diphtheria, tetanus, pertussis, hepatitis B, polio, <i>Haemophilus influenzae</i> type b	INFANRIX HEXA (IM) OR VAXELIS (IM)	Rotarix: Dose 1 limited to 6-14 weeks of age Bexsero: Recommended for other children (see AIH*). Prophylactic paracetamol recommended	
	Pneumococcal	PREVENAR 13 (IM)		
	Rotavirus	ROTARIX (Oral)		
	Meningococcal B (Aboriginal* children only)	BEXSERO (IM)		
4 months	Diphtheria, tetanus, pertussis, hepatitis B, polio, <i>Haemophilus influenzae</i> type b	INFANRIX HEXA (IM) OR VAXELIS (IM)	Rotarix: Dose 2 limited to 10-24 weeks Bexsero: Recommended for other children (see AIH*). Prophylactic paracetamol recommended	
	Pneumococcal	PREVENAR 13 (IM)		
	Rotavirus	ROTARIX (Oral)		
	Meningococcal B (Aboriginal* children only)	BEXSERO (IM)		
Annual influenza vaccination	6 months	Diphtheria, tetanus, pertussis, hepatitis B, polio, <i>Haemophilus influenzae</i> type b	INFANRIX HEXA (IM) OR VAXELIS (IM)	Children ≥ 6 months with at risk conditions for IPD† are recommended to receive an additional dose of Prevenar 13 (see AIH) Aboriginal† children ≥ 6 months with certain at risk conditions may require an additional dose of Bexsero (see AIH*)
		12 months	Meningococcal ACWY	
	Pneumococcal	PREVENAR 13 (IM)		
	Measles, mumps, rubella	MMR II OR PRIORIX (IM or SC)		
	Meningococcal B (NIP funded for Aboriginal# children only)	BEXSERO (IM)		
	18 months	Diphtheria, tetanus, pertussis	INFANRIX OR TRIPACEL (IM)	
		Measles, mumps, rubella, varicella	PRIORIX TETRA (IM or SC)	
	4 years	<i>Haemophilus influenzae</i> type b	ACT-HIB (IM or SC)	
		Diphtheria, tetanus, pertussis, polio	INFANRIX-IPV OR QUADRACEL (IM)	Children with at risk conditions for IPD† are recommended to receive an additional dose of Pneumovax 23 (see AIH*)
	At risk groups, adolescents and adults			
Age/group	Disease	Vaccine	Information	
All people with asplenia, hyposplenia, complement deficiency and treatment with eculizumab	Meningococcal ACWY	NIMENRIX (IM)	See AIH* for required doses and timing. Additional groups are recommended to receive these vaccines but these are not funded	
	Meningococcal B	BEXSERO (IM)		
≥ 5 years with asplenia or hyposplenia	<i>Haemophilus influenzae</i> type b	ACT-HIB (IM or SC)	If incompletely vaccinated or not vaccinated in childhood	
≥ 18 years	Zoster	SHINGRIX (IM)	Eligible people ≥ 18 years considered at increased risk of herpes zoster due to an underlying condition and/or immunomodulatory/immunosuppressive treatments (information on AIH* will be updated in November 2024*)	
Year 7	Diphtheria, tetanus, pertussis	BOOSTRIX OR ADACEL (IM)	Influenza: Any trimester Pertussis: each pregnancy between 20-32 weeks	
	Human papillomavirus	GARDASIL 9 (IM)		
Year 10	Meningococcal ACWY	NIMENRIX (IM) OR MenQuadfi (IM)		
Pregnant	Influenza	INFLUENZA	Influenza: Any trimester Pertussis: each pregnancy between 20-32 weeks	
	Pertussis	BOOSTRIX OR ADACEL (IM)		
Aboriginal* people ≥ 50 years	Pneumococcal	PREVENAR 13 (IM) then PNEUMOVAX 23 (IM)	Prevenar 13: ≥ 50 years Pneumovax 23: 2-12 months later (see AIH*) Pneumovax 23: at least 5 years later Shingrix: ≥ 50 years	
	Zoster	SHINGRIX (IM)		
≥ 65 years	Zoster	SHINGRIX (IM)	Shingrix: Funded for people ≥ 65 years	
≥ 70 years	Pneumococcal	PREVENAR 13 (IM)	Pneumococcal funded for people ≥ 70 years	
People with at risk conditions for IPD†	See the online AIH* for conditions recommended to receive Prevenar 13 and Pneumovax 23			
Influenza				
Age/at risk condition	Recommendation		Information	
All children ≥ 6 months to < 5 years	ANNUAL INFLUENZA VACCINATION		Discuss influenza vaccination with other present family members	
Aboriginal* people ≥ 6 months			Children aged less than 9 years of age who are receiving the influenza vaccine for the first time should receive 2 doses of the vaccine, 4 weeks apart	
People with at risk conditions ≥ 6 months				
≥ 65 years			For vaccine brands and eligibility see: www.health.nsw.gov.au/immunisation/Pages/flu.aspx	
Pregnant women				

* The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander people. † IPD: Invasive pneumococcal disease. AIH*: Online Australian Immunisation Handbook.
* For conditions recommended to receive Shingrix see www.health.gov.au/resources/publications/national-immunisation-program-shingles-vaccination-program-advice-for-health-professionals-september-2024
September 2024 © NSW Health, SHPN (HP NSW) 240759.

15 Sources

Education and Care Services National Regulation

National Quality Standards

NHMRC. Staying Healthy: Preventing infectious diseases in child care 6th edition

Medicare Australia - <http://www.medicareaustralia.gov.au/provider/patients/acir/schedule.jsp>

Public Health Act 2010 (as amended by Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013)

Public Health Regulation 2012

Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Regulation 2013

<https://www.health.nsw.gov.au/immunisation/Pages/default.aspx>

16 Review

The policy will be reviewed every 3 years, or as changes occur. The review will be conducted by, Management, Employees, Families and Interested Parties

17 Version Control Table

Version Control	Date Released	Next Review	Approved By	Amendment
1	February 2012	February 2013	Michele Fowler Manager – Kids Uni	
2	February 2013	February 2014	Michele Fowler Manager – Kids Uni	Paragraph inserted re application of policies across all centres. Migrated into new QA format.
3	September 2013	September 2013	Michele Fowler Manager – Kids Uni	Several Changes made to reflect new legislation commencing 1 January 2014
4	January 2015	January 2016	Michele Fowler Manager – Kids Uni	Annual Review including the addition of the National Immunisation Schedule website link and added the NSW Immunisation Schedule as recommended by 'Centre Support'
5	January 2016	January 2017	M. Gillmore – General Manager	Jan 2016 Changes to immunisation to remove conscientious objections as an exemption
6	Jul 2018	Jul 2020	K.Grose – Children's Services Manager	Updated new enrolment requirements relating to immunisation. Updated relevant links. Updated NQS references. Removed information that is repetitious in the infectious diseases policy
7	November 2019	Jul 2020	Nicole Bray – Director Kids Uni iC	Updated to reflect name changes to Kids Uni iC
8	March 2020	March 2022	K.Grose – Children's Services Manager	Added revised immunisation schedule Updated links and references
9	November, 2021	November, 2023	K. Grose – Children's Services Manager	Added immunisation requirements for staff and visitors Added reference to the UOW Pulse Immunisation Guidelines Added reference to the <i>Public Health (COVID-19 Vaccination of Education and Care Workers) Order 2021</i>
10	September, 2023	November, 2026	K.Grose – Head of Early Education	Removed clause requiring COVID vaccinations Updated immunisation schedule.
11	November 2024	November 2027	L.Windisch – Head of Early Education	Updated in line with 2024 edition of Staying Healthy, including: Added information about encouraging immunisation, managing symptoms after vaccination. Added information about staff immunisation, included recommend vaccines and exclusion guidelines in cause of an outbreak.